

Rebecca Terry v. County of Milwaukee, et al.

17CV1112

Transcript of the Testimony of:

**Gina Buono, M.D.**

April 25, 2018



1                   IN THE UNITED STATES DISTRICT COURT  
2                   EASTERN DISTRICT OF WISCONSIN

3       REBECCA TERRY,

4                               Plaintiff,

5                               vs.

Case No. 17-CV-1112

6       COUNTY OF MILWAUKEE, et al.,

7                               Defendants.

8       -----  
9  
10                               Deposition of GINA BUONO, M.D.

11                               Wednesday, April 25th, 2018

12  
13                               10:45 a.m.

14                               at

15                               HINSHAW & CULBERTSON, LLP  
16                               100 East Wisconsin Avenue, Suite 2600  
17                               Milwaukee, Wisconsin

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25                               Reported by Kealoha A. Schupp, RPR

1                   Deposition of GINA BUONO, M.D., a  
2                   witness in the above-entitled action, taken at the  
3                   instance of the Plaintiff, pursuant to the Federal  
4                   Rules of Civil Procedure, pursuant to notice,  
5                   before Kealoha A. Schupp, RPR and Notary Public,  
6                   State of Wisconsin, at HINSHAW & CULBERTSON, LLP,  
7                   100 East Wisconsin Avenue, Suite 2600, Milwaukee,  
8                   Wisconsin, on the 25th day of April, 2018,  
9                   commencing at 10:45 a.m. and concluding at  
10                  12:57 p.m.

11    A P P E A R A N C E S:

12                  LOEVY & LOEVY, by  
13                  Ms. Theresa Kleinhaus  
14                  311 North Aberdeen Street, Third Floor  
                    Chicago, Illinois 60607  
                    Appeared on behalf of Plaintiff.

15                  LEIB, KNOTT, GAYNOR, LLC, by  
16                  Mr. Douglas S. Knott and  
17                  Mr. Randal N. Arnold  
                    219 North Milwaukee Street, Suite 710  
                    Milwaukee, Wisconsin 53202  
                    Appeared on behalf of County of Milwaukee  
18                  Defendants.

19                  HINSHAW & CULBERTSON, LLP, by  
20                  Mr. Michael P. Russart  
                    100 East Wisconsin Avenue, Suite 2600  
                    Milwaukee, Wisconsin 53202  
21                  Appeared on behalf of Armor Correctional  
22                  Health Services Defendants.



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## TRANSCRIPT OF PROCEEDINGS

GINA BUONO, M.D., called as a witness  
herein, having been first duly sworn on oath, was  
examined and testified as follows:

## EXAMINATION

BY MS. KLEINHAUS:

Q Good morning, Dr. Buono.

A Good morning.

Q As I told you before we got on the record, my name  
is Tess Kleinhaus. I represent Rebecca Terry.  
She's the plaintiff in this case.

Have you ever given deposition  
testimony before?

A Yes.

Q Okay. How many times have you done that?

A Twice.

Q Okay. And was that in the last couple of years or  
pretty recently?

A Ten years ago.

Q Okay. Well, just to make it more efficient for  
both of us, I'll just ask that if you don't  
understand my question, if I ask a bad question,  
just tell me that and I'll rephrase it.

If you answer the question, I'm  
going to assume you understood what I was asking.

Q How long have you been working for Wisconsin DOC?

A About three years.

Q And what is your position there?

A I'm one of the associate medical doctors for the  
Bureau of Health Services for the Department of  
Corrections.

Q Okay. And what do your duties in that role  
consist of?

A I see patients, and I also have administrative  
duties, which include evaluation of employees,  
helping to write policy, committee work. Whatever  
they tell me to do.

Q Got it.

And what was your position or  
employer before that?

A Armor Correctional -- in between  
Armor Correctional and the Milwaukee County -- and  
Department of Corrections, I worked for a  
locums -- Maxim.

Q Can you say that again?

A Maxim, M-A-X-I-M.

Q What is that?

A A temp service.

Q Okay.

A But they put me in with the Department of

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Is that fair?

A That's fair.

Q Are you on any medication, do you have any medical  
condition, that would prevent you from being able  
to answer accurately today?

A No.

Q Great.

A Nothing would prevent me from answering  
accurately. I do have a medical condition, and I  
am on medication.

Q Got it.

And I'm going to try my best not to  
talk over you, not to interrupt you. If you can  
do the same for me, that will make it easier for  
our court reporter. Is that fair?

A Yes.

Q And the other piece of that is we both have to  
remember to answer out loud so she has something  
she can take down instead of gestures. So I'll  
try and remind you and you can try and remind me  
and make it more efficient.

Okay. What is -- who's your  
current employer?

A The Department of Corrections for the State of  
Wisconsin

Corrections, so I worked there first before I got  
a permanent position.

Q I see. And when you were temping with the  
Department of Corrections, what type of work were  
you doing for them?

A Staff physician.

Q And were you assigned to a specific facility or  
were you floating?

A I started at Dodge Correctional, which is kind of  
where they do the training, and then I was  
assigned to Racine Correctional.

Q Got it.

And about how long were you working  
for DOC through Maxim before you were hired on  
full-time?

A I don't recall.

Q What were the dates of your employment with  
Armor Correctional?

A I don't recall.

Q How about, in general, the years?

A 2014-2015.

Q So you think a total of about two years?

A I don't even think it was two years.

Q Not even. Okay.

Prior to being employed by

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Page 10

1 Armor Correctional, where did you work?

2 A Aurora Lakeshore Medical.

3 Q And what type of work were you doing for Aurora?

4 A I was an occupational environmental medicine

5 physician, I was the chairman of their

6 occupational medicine department, and I did

7 internal medicine.

8 Q And how long did you practice at Aurora?

9 A About five years.

10 Q Okay. Other than the work for Wisconsin DOC and

11 Armor Correctional, have you ever done any other

12 work in a corrections environment? I'm including

13 prisons, jails --

14 A No.

15 Q -- mental -- okay.

16 So we've talked about all the

17 corrections work that you've done, right?

18 A Correct.

19 Q Okay. What's the highest level of education that

20 you have?

21 A Well, does the M.D. trump the master's --

22 Q Maybe tell me about both.

23 A -- or does the master's trump the M.D.?

24 So I -- do you want a rundown of my

25 CV kind of thing?

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1 Q Sure. Yeah. We can start with either one.

2 A All right. So I graduated St. Joseph's College

3 with a bachelor's in chemistry. I went to Albany

4 Medical College, graduated in 1985 with an M.D.

5 Did a year of pediatrics, four years of internal

6 medicine.

7 I worked for the United States

8 Public Health Service as a general medical

9 officer. I worked -- I then went back and got a

10 master's and a fellowship in occupational medicine

11 and in public health. In 1996, then I took a job

12 here in occupational medicine for like 13 years.

13 Waited till my kids grew up,

14 returned to internal medicine. That's when I took

15 the job with Aurora.

16 Q Got it. And who did you do the occupational

17 medicine for for 13 years?

18 A I did that with several employers. One of them

19 was Work Injury Care Center/Sensia. They changed

20 their name. And then I was with Medical

21 Associates in Menomonee Falls. And then I was

22 with Aurora Lakeshore.

23 Every place I went got bought out.

24 I think it's me.

25 Q I think it's the industry you're in, if I'm not

1 mistaken.

2 Tell me where Albany Medical

3 College is located, please.

4 A Albany, New York.

5 Q Stands to reason.

6 Did you -- are you board-certified

7 in any areas?

8 A I'm board-certified in occupational environmental

9 medicine and in internal medicine and public

10 health preventative medicine.

11 I'm not sure if I'm still

12 board-certified in public health preventative

13 medicine. You had to do that before you got

14 occupational medicine.

15 Q Okay. And do you know how often you have to renew

16 the internal medicine certification?

17 A It has changed. You have to maintain your

18 certification now, and then I think you have to

19 actually take the test every ten years.

20 Q Okay. All right. Am I correct that you never

21 practiced in the area of OB/GYN or midwifery or

22 reproductive health?

23 A Never willingly.

24 Q Okay. Tell me about when you did it unwillingly.

25 A I worked as a general medical officer in

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1 Yukon-Kuskokwim Delta Hospital. When I was on

2 call, I was responsible to deliver babies.

3 Q And about how long ago was it that you had that

4 responsibility?

5 A Thirty years.

6 Q Okay. And --

7 A Prior to that I had no training.

8 Q No wonder it was unwilling.

9 A Yeah.

10 Q How many deliveries were you part of?

11 A Forty. I did not do their OB care, however.

12 Basically I'm on call, and they would call me and

13 say, "Dr. Buono, guess what."

14 Q That's rough.

15 All right. Don't be offended by

16 this. I ask everybody, every professional witness

17 about this, but have you ever had any discipline

18 related to your license --

19 A No.

20 Q -- to practice?

21 Have you ever had any kind of

22 investigation related to your license?

23 A I had one lady who said that I was -- it was a

24 case with carpal tunnel, when I was in

25 occupational medicine. My opinion was that her

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Page 14

1 carpal tunnel was not related to her job.  
 2 She put a complaint into the  
 3 medical board. The medical board reviewed it, and  
 4 they found in my favor.  
 5 Q Got it.  
 6 A Also, when I worked in this current job, a young  
 7 man said that I -- what was it he said?  
 8 The way the prison system works, if  
 9 an inmate has a complaint, they have to bring it  
 10 through a complaint system.  
 11 He complained that I did not treat  
 12 his hand appropriately because I wouldn't give him  
 13 the medication that he asked for for his pain.  
 14 Q Okay.  
 15 A The case was investigated and found in my favor  
 16 again.  
 17 Q Got it.  
 18 Were you ever an employee of  
 19 Milwaukee County Jail -- or I'm sorry. Let me  
 20 rephrase that to make it better.  
 21 Were you ever an employee of  
 22 Milwaukee County?  
 23 A No.  
 24 Q Okay. So -- and I -- it's not a trick question,  
 25 and maybe I'm not asking it well.

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1 The whole time that you were  
 2 practicing through Armor at Milwaukee County Jail,  
 3 you were an employee of Armor, correct?  
 4 A Correct.  
 5 Q Okay. And how did you first learn of the position  
 6 at Armor or become interested in applying for that  
 7 position?  
 8 A I went on Indeed.  
 9 Q And that's a job search website, right?  
 10 A Correct.  
 11 Q Okay. Were you familiar with Armor Correctional  
 12 prior to that?  
 13 A No.  
 14 Q Okay. And I apologize if I asked you this  
 15 already.  
 16 You started with them around 2014  
 17 sometime. Is that about right?  
 18 A We're taking a guess.  
 19 Q All right. Do you have any knowledge of when  
 20 Armor got the contract with Milwaukee County Jail?  
 21 A No.  
 22 Q Okay. Did you apply with Armor just one time and  
 23 go through the interview process, or did you apply  
 24 more than once?  
 25 A One time.

1 Q Was there anything in particular about doing  
 2 correctional medicine through Armor that  
 3 interested you or drew you to that position?  
 4 A A paycheck interested me a lot.  
 5 Q Got it. We can all agree on that.  
 6 Anything else?  
 7 A It looked like it had pretty good benefits. The  
 8 job looked good.  
 9 Q Okay.  
 10 A And that it was also a position as a medical  
 11 director, which is a step up for me.  
 12 Q From where you were?  
 13 A Yes.  
 14 Q Okay. And the entire time that you were at Armor  
 15 in the 2014-2015 period, did you hold the "medical  
 16 director" title?  
 17 A Yes.  
 18 Q And were your job duties consistent throughout  
 19 that time period, or did they like change? Was  
 20 there a point where job duties were added or taken  
 21 away from that role?  
 22 A I was ramped up to the role. So initially, you  
 23 know, I was working with Dr. Gable, who was there  
 24 at the time, and then he explained the duties.  
 25 Q Okay.

Page 15

1 A And then eventually they became my duties.  
 2 Q Okay. So there was sort of a training period, but  
 3 in terms of what was expected of you, it was the  
 4 same role throughout; you didn't --  
 5 A Yes.  
 6 Q -- change your responsibilities?  
 7 A Not really.  
 8 Q Okay. That will make it quicker for us.  
 9 What was Dr. Gable's role when you  
 10 started working for Armor?  
 11 A He was the acting medical director for both the  
 12 HOC and for Milwaukee County Jail.  
 13 Q And "HOC" is House of Corrections?  
 14 A Yes.  
 15 Q Okay. Do you know how long he had been in the  
 16 role of medical director at Milwaukee County Jail?  
 17 A No.  
 18 Q Is Dr. Gable the person who decided to hire you?  
 19 A I was interviewed by Dr. Gable and several other  
 20 people, whose names I don't recall, but they were  
 21 the executive team.  
 22 Q Got it.  
 23 You described being ramped up into  
 24 that role.  
 25 What was the training that you were



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1 provided to be the medical director at  
 2 Milwaukee County Jail?  
 3 MR. RUSSART: Objection. Broad.  
 4 Go ahead and answer, if you can.  
 5 THE WITNESS: Kind of, you know, what he  
 6 did during the day, I would basically -- he showed  
 7 me what he did, and I kind of would do it.  
 8 BY MS. KLEINHAUS:  
 9 Q So you shadowed him?  
 10 A Pretty much.  
 11 Q Okay. About how long did you shadow him in that  
 12 role?  
 13 A I can't remember.  
 14 Q Okay. Were you provided any training by -- other  
 15 than Dr. Gable, were you provided any other  
 16 training by any Armor employee or by Armor?  
 17 A I don't actually recall.  
 18 Q Okay. Can you explain to me how the medical  
 19 director position worked? Was it like a  
 20 nine-to-five gig, or were you on call? How did  
 21 your shift work -- how did that work? Excuse me.  
 22 A I was always on call, 24 hours a day/seven days a  
 23 week. I was second call to the nurse  
 24 practitioners, who took primary call. If the  
 25 nurses couldn't reach the nurse practitioners,

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1 they called me. If they thought it was a  
 2 medical-director-level thing, they called me.  
 3 They called me for the intake orders, to cosign  
 4 them, for medications, things like that.  
 5 Basically the buck stopped here.  
 6 Q Okay. When you say "the buck stopped here," you  
 7 mean you were ultimately responsible for the  
 8 medical care that was being provided at the jail?  
 9 MR. RUSSART: Objection. Calls for a  
 10 legal conclusion.  
 11 Answer if you can.  
 12 THE WITNESS: I was not ultimately  
 13 responsible. I was responsible for --  
 14 MS. KLEINHAUS: I can rephrase it.  
 15 THE WITNESS: -- support. Yeah.  
 16 BY MS. KLEINHAUS:  
 17 Q I don't mean ultimately responsible in a legal or  
 18 a liability sense. I mean, in terms of someone  
 19 with substantive medical knowledge, were you the  
 20 highest level person?  
 21 A I was not, actually.  
 22 MR. RUSSART: I have an objection  
 23 because I don't think you can separate legal from  
 24 medical.  
 25 But go ahead and answer.

1 MR. KNOTT: Join the objection.  
 2 BY MS. KLEINHAUS:  
 3 Q Go ahead.  
 4 A Everybody's objecting. Should I answer?  
 5 MR. RUSSART: Yes.  
 6 MS. KLEINHAUS: You still answer. Yeah.  
 7 They're just --  
 8 MR. RUSSART: Unless I say don't answer.  
 9 THE WITNESS: Okay. All right.  
 10 MR. RUSSART: Might not happen.  
 11 THE WITNESS: So I was this level of  
 12 care here (gesturing), so the nurse practitioners  
 13 and nurses could call me first. And if there was  
 14 an issue I couldn't resolve, I could call  
 15 Dr. Gable or Dr. Mays.  
 16 BY MS. KLEINHAUS:  
 17 Q Okay. That helps. So --  
 18 MR. RUSSART: Just for correction, it's  
 19 Dr. May, M-A-Y.  
 20 THE WITNESS: Sorry.  
 21 MR. RUSSART: That's all right.  
 22 BY MS. KLEINHAUS:  
 23 Q So what was Dr. Gable's job title?  
 24 A I don't recall.  
 25 Q But he was -- for lack of a better term, he was

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1 superior to you in the hierarchy; is that right?  
 2 A Yes.  
 3 Q And what about Dr. May?  
 4 A Also superior to me. He's the medical director  
 5 of, I think, everything.  
 6 MR. RUSSART: Yeah. He's the chief  
 7 medical officer for Armor. I can stipulate to  
 8 that.  
 9 BY MS. KLEINHAUS:  
 10 Q You mentioned being on call 24 hours a day/seven  
 11 days per week.  
 12 A Unless I was on vacation and someone was covering  
 13 for me.  
 14 Q Okay. Was there any other physician that was  
 15 also -- had that similar responsibility of being  
 16 on call 24 hours a day/seven days per week?  
 17 A Dr. Gable was always available, and Dr. May was  
 18 also available.  
 19 Q But they were calls after you in the phone chain;  
 20 is that right?  
 21 A Right.  
 22 Q Okay.  
 23 A So if I couldn't answer the question, either I  
 24 would call Dr. Gable or Dr. May, or whoever would  
 25 call Dr. Gable or Dr. May.



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1 Q Okay. You mentioned that you would cosign intake  
2 orders. Tell me what you mean by that.

3 A When an individual would come into the facility,  
4 if they were on medications that could be verified  
5 by nursing, we would try and continue their  
6 medications. So we would -- I would cosign the  
7 orders to continue their medications that were  
8 verified.

9 Q Okay. In addition to being on call all the time,  
10 were you responsible for making -- for doing  
11 patient visits at the jail -- or appointments?  
12 Sorry.

13 A I didn't have set appointments. I would cover the  
14 special medical unit, make rounds there. I would  
15 see any patients that the nurse practitioners had  
16 issues with that they wanted to consult me on.

17 Q So is it correct for me to say you didn't have  
18 regular hours in the clinic?

19 A Correct.

20 Q And how often would you make rounds in the SMU?

21 A Daily.

22 Q And was there a specific time of day that you did  
23 that?

24 A Usually in the morning.

25 On weekends we had nurse

Page 21

1 practitioner coverage, so they would round on the  
2 weekends.

3 Q And when you mentioned you would see anyone that  
4 the nurse practitioners had questions about, would  
5 that be specific to people in the SMU, or could  
6 that be any patient at the jail?

7 A Anywhere.

8 Q Okay. And when you would do rounds at the SMU in  
9 the morning, what did that consist of?

10 A Just like hospital rounds: making rounds on the  
11 patients, reading their charts, checking their  
12 labs, ordering what they needed.

13 Q And would you go to the SMU to do that?

14 A Yes.

15 Q And would you go cell by cell, or could they come  
16 out to a medical area? How would that work?

17 A In general, you like them to be in their cells for  
18 privacy.

19 Q Okay. In your role as medical director, did you  
20 have any responsibility to decide who would be  
21 sent out to the hospital from booking?

22 A Yes.

23 Q Did anyone else have that responsibility?

24 A The nurse practitioner, who would be on call or  
25 who would be the person covering during the day

1 I believe this is what we used to do.

2 So for each day during the day,  
3 someone -- one of the nurse practitioners would be  
4 covering booking, and I'd be covering usually at  
5 night. Not always, though. I'm usually like the  
6 second call. So there'd be someone for nighttime,  
7 and then there'd be me.

8 Q Okay.

9 A So during the day, if they had a question about  
10 something, they would talk to me, or the nurses  
11 would call me and say, hey, we have concerns about  
12 this patient, and I'd say send them out.

13 Q How did you make the decision of who should be  
14 sent out to the hospital?

15 Did Armor provide you any  
16 information about who they wanted sent out or --

17 A No. That's a medical decision.

18 Q Did you, in your role as medical director, have  
19 any decision-making role in whether an inmate was  
20 sent to the SMU versus being sent to a regular  
21 housing pod?

22 A Armor has some policies that were automatic, and I  
23 had some discretionary ability to have them put in  
24 the SMU.

25 Q And would that -- when you mention the Armor

Page 23

1 policies that would designate certain categories  
2 of inmates who needed to go to SMU, would that be  
3 like the infirmary policy?

4 A Infirmary and SMU are not the same. The jail did  
5 not have a true infirmary. That was an old  
6 designation. Infirmary implies a certain level of  
7 staffing, and that was not the case. It  
8 functioned more like a special medical  
9 unit/observation unit.

10 Q I understand that. My question was a little bit  
11 different, which is just what Armor policy was it  
12 that designated the categories of patients or  
13 inmates who needed to go to the SMU?

14 A I don't recall.

15 MR. KNOTT: I'm sorry. What was the  
16 answer?

17 MR. RUSSART: "I don't recall."

18 THE WITNESS: I don't recall.

19 MR. KNOTT: Thanks.

20 THE WITNESS: I don't recall policy  
21 numbers and things.

22 BY MS. KLEINHAUS:

23 Q I understand. If you think of it, like the name  
24 of it or something close, will you let me know?

25 A Yeah.

Page 24

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1 Q Okay. During the time that you were employed by  
2 Armor working at the Milwaukee County Jail, did  
3 you become familiar with the Christensen consent  
4 decree?

5 A Yes.

6 Q Tell me what you learned about that.

7 A That the jail was under consent decree related to  
8 the death of an individual, I believe, in booking.  
9 The family sued, and part of the settlement was to  
10 have the jail supervised by a -- I don't know what  
11 his title is.

12 Q Like a medical monitor, something like that?

13 A A medical monitor. And that was Dr. Shansky.

14 Q Did you have any interactions with Dr. Shansky  
15 during the time that --

16 A Oh, yeah.

17 Q -- you were working at Armor? Okay.

18 What did that consist of?

19 A He would come several times a -- in the year -- I  
20 forget how often he was supposed to come -- and  
21 just see how things were going as far as meeting  
22 standards.

23 We were trying to get NCHC --

24 THE WITNESS: NCHCC?

25 MR. RUSSART: NCCHC.

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1 THE WITNESS: -- NCCHC certified.

2 BY MS. KLEINHAUS:

3 Q And that's an accreditation organization for --

4 A For prisons --

5 Q -- correctional facilities?

6 A -- and jails. Yeah.

7 Q Okay. Did Dr. Shansky collect any data or  
8 information from you in order to fulfill his role  
9 as medical monitor?

10 A From me specifically, no. He would just generally  
11 talk to me. But he did collect data, I'm fairly  
12 certain, from the staff, I believe from the  
13 nursing supervisor or the DON, and the HSU  
14 administrator. And I'm not sure if that's the  
15 correct title for that individual.

16 Q Sure. When Dr. Shansky would talk with you, would  
17 he do like an interview and ask you questions and  
18 try and find out what was happening at the jail,  
19 or what would that discussion consist of?

20 A How are things going, my concerns or questions.

21 Q And -- you mean yours or Dr. Shansky's?

22 A My concerns, do I have any concerns.

23 Q Okay.

24 A But, in general, I didn't interact at that level

25 with him.

1 Q Okay. Did you ever share any concerns with him?

2 A I don't recall.

3 Q I know in this case we've heard people use the  
4 term "correctional healthcare."

5 Were you ever given any training  
6 related to correctional healthcare versus any  
7 other kind of healthcare?

8 MR. RUSSART: Object to the premise of  
9 the question.

10 MS. KLEINHAUS: That's not a proper  
11 objection.

12 BY MS. KLEINHAUS:

13 Q But go ahead.

14 MR. RUSSART: Object to the form of the  
15 question.

16 BY MS. KLEINHAUS:

17 Q Go ahead.

18 MR. RUSSART: Is that better?

19 THE WITNESS: Can you explain the  
20 question?

21 BY MS. KLEINHAUS:

22 Q Sure. I've heard the phrase "correctional  
23 healthcare," and I will confess to you that it  
24 doesn't actually make sense to me because it -- I  
25 am not able to make a distinction between

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1 healthcare and correctional healthcare. So I was  
2 asking you, as someone who's in that profession,  
3 if you can explain that to me, please.

4 MR. RUSSART: Object to the form of the  
5 question.

6 MR. KNOTT: Join the objection.

7 BY MS. KLEINHAUS:

8 Q Go ahead.

9 A Okay. Initially I had -- it was just healthcare  
10 in a correctional facility. Healthcare is  
11 healthcare. And then I did take the -- I always  
12 get this wrong -- NCCHC course so that I better  
13 understood what was -- what is expected in a  
14 correctional facility.

15 There are certain limitations in  
16 the facility and certain expectations. So I took  
17 that course.

18 Q Okay. That helps.

19 A Does that make sense?

20 Q Yep. I understand.

21 A Okay.

22 Q So was that course like an Internet course, or did  
23 you go somewhere --

24 A It's a book.

25 Q It's a book. Okay.

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1 A Read a book, take a test.  
 2 Q And is that something offered through NCCHC that  
 3 you could, for example, order from them --  
 4 A Yes.  
 5 Q -- and take a look at? Okay.  
 6 So is it fair to say that during  
 7 your time working at the jail, Dr. Gable was your  
 8 supervisor?  
 9 A Yes.  
 10 Q Did he ever conduct any evaluations of your  
 11 performance while you were there?  
 12 A I don't recall.  
 13 Q When you read the book on -- from NCCHC, was that  
 14 at the beginning of your time working at the jail,  
 15 or do you recall when that was?  
 16 A More toward the end.  
 17 Q Towards the end? Okay.  
 18 A We were getting closer to being NCCHC certified,  
 19 and they wanted us all to get that certification.  
 20 Q Okay. Do you know if -- or I'm sorry. Strike  
 21 that, please.  
 22 When did the Milwaukee County Jail  
 23 get the NCCHC certification?  
 24 A I don't recall.  
 25 Q Do you know if it had it when you started working

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1 in the jail?  
 2 A It did not.  
 3 Q Do you know if it had it when you left or stopped  
 4 working there?  
 5 A I don't recall.  
 6 Q Were you ever given any kind of employee handbook  
 7 by Armor?  
 8 A I don't recall.  
 9 Q Were you ever required to attend any  
 10 in-service-type training, by which I mean, a  
 11 periodic day-long training or a few hours of  
 12 training, through Armor?  
 13 A We went to something down in Florida, but I don't  
 14 think that was an in-service. I think that was  
 15 more of a -- I don't actually recall what it was.  
 16 It was not so much training as a meeting, where we  
 17 all got together and discussed -- or they  
 18 presented to us different things in Armor, but I  
 19 don't recall what it was all about. It was a  
 20 while ago. But it wasn't a training-type thing.  
 21 Q Okay. What types of topics did they go over in  
 22 the presentation?  
 23 A The only one I remember vividly is just the  
 24 pharmacy.  
 25 Q Okay. Any particular reason that sticks in your

1 mind?  
 2 A It was very cool.  
 3 Q What was cool about it?  
 4 A The woman who presented it was just very on  
 5 target.  
 6 Q So I'm not in your industry, so it's less familiar  
 7 to me.  
 8 So would that be a presentation  
 9 like on new medications you could prescribe or --  
 10 MR. RUSSART: Object to the form of the  
 11 question.  
 12 And I have to make a comment, all  
 13 right? Because Ms. Kleinhaus is representing  
 14 herself as someone who's naive about correctional  
 15 care, and as a lawyer who does a lot of civil  
 16 rights work, she's not, okay?  
 17 THE WITNESS: Anyway, so, I'm sorry.  
 18 What was your question?  
 19 BY MS. KLEINHAUS:  
 20 Q My question was: What was presented in the  
 21 pharmacy presentation in Florida that struck you?  
 22 A The -- our formulary.  
 23 Q And what's the formulary?  
 24 A The formulary is what medications we have  
 25 available.

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1 Q And was it cool because there were things  
 2 available that you weren't familiar with before  
 3 that?  
 4 A No. Just the woman who presented it was just  
 5 really cool.  
 6 Q Oh. Like her presentation was just --  
 7 A Her presentation was cool --  
 8 Q You liked it.  
 9 A -- it was a good presentation. Right.  
 10 Q Okay. I got it now.  
 11 A I mean, I would like her to give every  
 12 presentation. She was that good.  
 13 Q Okay. Were you given any information during that  
 14 presentation about, you know, utilization of  
 15 resources or resource management --  
 16 A I don't recall.  
 17 Q -- that type of thing? Okay.  
 18 In the book that you got from  
 19 NCCHC, was there any discussion about the needs of  
 20 pregnant inmates?  
 21 A I don't recall. I've not since read that book  
 22 again.  
 23 Q Do you recall the name of it?  
 24 A It's the NCCHC standards for jails and prisons.  
 25 You can get it on the Internet.

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1 Q Okay. I've read about the term "quality  
2 improvement" in some of the Armor materials.

3 Were you part of any quality  
4 improvement efforts when you were at  
5 Milwaukee County Jail?

6 A I was not on the CQI committee, per se. My job  
7 was to take care of people in the appropriate way.  
8 In doing that, I would suspect I would improve the  
9 quality of care they got.

10 Q Sure. And I was sort of using it in like the  
11 trademarked version.

12 A Right.

13 Q I understand that you were, I'm sure, as a  
14 professional, trying to improve the quality of  
15 your care. So I didn't -- don't take any offense.

16 But what -- so what was the CQI  
17 committee?

18 A The committee who dealt with quality improvement  
19 for the jail.

20 Q Okay. How did they try to accomplish that?

21 MR. RUSSART: Foundation.

22 If you know, you can answer.

23 THE WITNESS: I can't really answer.

24 BY MS. KLEINHAUS:

25 Q Who was on that committee?

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1 A Don't recall.

2 Q Do you know if Dr. Gable was on it?

3 A I do not recall if he was on the committee.

4 Q Do you know if the committee would ever do any  
5 audits of patient files to determine -- you know,  
6 try to identify any patterns?

7 MR. KNOTT: Object. Foundation.

8 THE WITNESS: I don't know.

9 BY MS. KLEINHAUS:

10 Q Other than the rounds in the SMU that you would do  
11 each morning at the beginning of the day, did you  
12 have any role in determining -- I'm sorry. Strike  
13 that, please. I can ask it better.

14 Other than the rounds in the  
15 morning at the SMU, was there any requirement that  
16 any healthcare person do regular check-ins with  
17 the people in the infirmary?

18 MR. RUSSART: Object to the form.

19 MR. KNOTT: Join.

20 THE WITNESS: I don't recall what -- the  
21 policy for rounding in the SMU for not me, but for  
22 other individuals. I also think I actually  
23 rounded in the SMU quite regularly.

24 BY MS. KLEINHAUS:

25 Q Sure. All right.

1 A More so than was required.

2 Q I understand.

3 A But I don't recall what the policy was for nursing  
4 staff, if that's your question.

5 Q Right. So, for example, if a nurse was assigned  
6 to the infirmary first shift, the infirmary's part  
7 of her possibilities --

8 A I don't recall at all.

9 Q You don't know how often she would need to go  
10 check on the inmates?

11 MR. RUSSART: Object to the form of the  
12 question insofar as it infers there was an  
13 infirmary.

14 MR. KNOTT: Also vague as to time.  
15 Join.

16 BY MS. KLEINHAUS:

17 Q Okay. You should know if I say "infirmary," I'm  
18 doing -- I'm using it interchangeably with the  
19 SMU, because I've had other cases at  
20 Milwaukee County Jail, and the corrections staff  
21 there use those terms interchangeably. So I'm not  
22 trying to confuse you. You know there's nothing  
23 that you considered an infirmary. So if I say  
24 that, I just mean the SMU.

25 A Okay.

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1 Q Okay?

2 A But I still don't recall what their policy for  
3 rounding in the SMU was.

4 Q Got it.

5 Who was the health services  
6 administrator when you worked for Armor at the  
7 Milwaukee County Jail?

8 A I don't recall.

9 Q Did you have to report to that person in any way?

10 A I reported to -- so I don't recall -- I don't  
11 recall the titles.

12 The person I reported to most often  
13 was Rusty Perry.

14 Q Okay. Do you know what Mr. Perry's  
15 responsibilities were in a general sense?

16 A I don't recall. I'm sure they were more than just  
17 my reporting to him.

18 Q Do you know if he had like a business role or a  
19 medical role?

20 A Business role.

21 Q Okay. Do you know anybody that he supervised at  
22 the jail?

23 A As far as?

24 Q Anything. Anybody who worked for him.

25 A I don't recall who he supervised.



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1 Q Were you ever part of making any policies,  
2 healthcare policies, for --  
3 A No.  
4 Q -- the jail?  
5 What was the practice in terms of  
6 discussing medical issues with correctional staff?  
7 Is that something that you could do, if necessary?  
8 A Without violating HIPAA, only if there was a need  
9 to know. And, in general, we did not discuss  
10 medical issues with the correctional staff.  
11 Q So, for example, an inmate who was in labor going  
12 to the SMU, would you be able to tell the  
13 correctional officer in the SMU, this inmate is in  
14 labor, so that he would know that?  
15 A I would not describe a patient in labor to a  
16 correctional staff member because "in labor"  
17 requires medical understanding, nor would I have a  
18 patient in labor in the SMU. That individual  
19 would be in the hospital.  
20 Q Okay. What about a person who is nine months  
21 pregnant and their due date is in the next week  
22 and they're complaining of abdominal pain on a  
23 interval basis? Would you --  
24 MR. KNOTT: Object to the form of the  
25 question.

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1 MR. RUSSART: Join.  
2 MS. KLEINHAUS: Let me finish the  
3 question before you object, please.  
4 BY MS. KLEINHAUS:  
5 Q -- would you be able to describe those symptoms to  
6 the correctional officer?  
7 MR. RUSSART: Object to the --  
8 MR. KNOTT: Form.  
9 MR. RUSSART: -- form.  
10 THE WITNESS: Are you asking did I, or  
11 are you asking would I?  
12 BY MS. KLEINHAUS:  
13 Q Could you. Within policy, were you allowed to  
14 tell this person --  
15 A A, I don't know --  
16 Q -- here's what's going on.  
17 A -- the policy regarding that.  
18 B, I would -- I did not talk to any  
19 correctional person.  
20 C, if I had a concern regarding a  
21 patient, I may say to the nurse to observe this  
22 patient.  
23 Q Okay. So if I'm understanding your --  
24 A If there was another concern, and there was a  
25 correctional staff member in the SMU, which there

1 always was, I am sure they are instructed to call  
2 for help if they feel a patient needs it for  
3 whatever reason.  
4 Q Okay. So I just want to make sure I understand  
5 that.  
6 So you don't know if there was a  
7 policy about conversations with correctional  
8 officers about those types of symptoms?  
9 A I am not --  
10 MR. RUSSART: Object to the --  
11 THE WITNESS: -- aware.  
12 MR. RUSSART: -- form of the question.  
13 BY MS. KLEINHAUS:  
14 Q And in your experience, did you ever talk to a  
15 correctional officer in the SMU about a patient's  
16 symptoms?  
17 A I don't recall.  
18 Q You mentioned you're sure that the correctional  
19 officers are trained to call for help?  
20 A I am supposing they are trained to call for help.  
21 Q Okay.  
22 A I do not know what training they actually receive  
23 since I am not responsible for their training.  
24 Q Do you know if Armor ever provided any training --  
25 A I do --

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1 Q Sorry.  
2 -- to correctional officers?  
3 A I do not.  
4 Q Okay. I'm going to show you what we'll mark as  
5 Exhibit 1.  
6 (Exhibit 1 marked for identification.)  
7 BY MS. KLEINHAUS:  
8 Q Take a moment just to review Exhibit 1. And I'll  
9 represent to you that that page I've X'd out  
10 because it doesn't relate to this.  
11 And my question for you is just  
12 whether you ever received this Armor policy.  
13 A I don't recall.  
14 Q Okay. Please just take a moment to review it, and  
15 let me know if you were ever made familiar with  
16 it.  
17 A (Reviewing document.)  
18 MR. KNOTT: We don't have a copy?  
19 MS. KLEINHAUS: I'm sorry. You can take  
20 a look at my copy for a second if you want.  
21 MR. KNOTT: Thank you.  
22 MR. ARNOLD: Is there a Bates number or  
23 something --  
24 MS. KLEINHAUS: Sure. Yeah. The Bates  
25 is ARMOR 147 through ARMOR 149.

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1 THE WITNESS: Okay.  
 2 BY MS. KLEINHAUS:  
 3 Q Okay. Is this something that was ever given to  
 4 you by Armor?  
 5 A I don't recall.  
 6 Q Is the -- even if you're not sure if this specific  
 7 policy was given to you, is the content that's  
 8 contained here something that was ever conveyed to  
 9 you about conversations or communications you  
 10 could have with correctional staff about patient  
 11 needs?  
 12 A I don't recall.  
 13 Q Okay. So you don't remember anything about this  
 14 policy at all; is that fair to say?  
 15 A Pretty much. I mean, it would stand to reason  
 16 that reasonable people do reasonable things. So  
 17 if the patient was ill, I would expect that some  
 18 type of information would have been conveyed to  
 19 the staff, especially if the patient is being  
 20 transported, since the patient needs to be  
 21 transported to the hospital.  
 22 Q Okay. And so --  
 23 A And that -- that's my mindset.  
 24 Q Okay. And so your mindset is sort of going from  
 25 a -- you know, common sense perspective, you're

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1 thinking there must be some conversation that  
 2 happens. Fair to say?  
 3 A Correct.  
 4 Q And that's the basis of it more so than any  
 5 specific training. Is that fair?  
 6 A Correct.  
 7 Q Okay. You can put that to the side.  
 8 Was there a specific location in  
 9 the jail where Armor policies were stored or  
 10 maintained?  
 11 A I do not know.  
 12 Q Do you recall ever going to consult any Armor  
 13 policies while you were at the jail?  
 14 A I don't recall.  
 15 Q Did Dr. Gable ever direct you to consult any Armor  
 16 policies at the jail?  
 17 A I don't recall.  
 18 Q Is there any reason for having such a limited  
 19 recollection about that?  
 20 MR. RUSSART: Well, object to the form  
 21 of the question.  
 22 THE WITNESS: Yeah. It was three years  
 23 ago. I am now employed by another company that  
 24 has plenty of policies.  
 25 I do not recall any specifics.

1 incident. I would suspect I may have, but you are  
 2 asking me specifically, and I cannot recall  
 3 specifically.  
 4 BY MS. KLEINHAUS:  
 5 Q Okay. Do you have any general recollection of  
 6 where the policies were, or if you consulted them?  
 7 MR. RUSSART: Object to the form of the  
 8 question.  
 9 THE WITNESS: I don't recall if they  
 10 were in a binder or if they were on the computer.  
 11 Currently my policies are all on a  
 12 computer.  
 13 BY MS. KLEINHAUS:  
 14 Q In your role as a medical director, who did you  
 15 supervise, if anyone?  
 16 A The nurse practitioners and any other medical  
 17 provider.  
 18 Q And how many nurse practitioners were on staff  
 19 during that time that you worked there?  
 20 A Oh, you're killin' me. I can't recall.  
 21 Q I'm sorry. And if you want to estimate, like more  
 22 than five? Less than five?  
 23 A Let's see. I currently supervise a lot of people,  
 24 so I can't recall what I did in those days.  
 25 At least -- let's see -- at least

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1 five.  
 2 Q Okay. There would have been at least one per  
 3 shift? Does that sound right?  
 4 A Nurse practitioners -- I don't recall this  
 5 specifically, but I don't believe that a nurse  
 6 practitioner was there 24 hours a day/seven days a  
 7 week.  
 8 Q Okay.  
 9 A So they didn't work like one per shift.  
 10 Q Okay.  
 11 A And I may be confusing that with where I am now.  
 12 Q Okay.  
 13 A But I don't think they covered in that way.  
 14 The person who was on call was not  
 15 in the building.  
 16 Q And by that, you mean people were either assigned  
 17 to that shift and working that shift, or they're  
 18 at home and on-call. There's no like on-call room  
 19 where somebody's taking a nap.  
 20 A No. There is no on-call room where they're taking  
 21 a nap.  
 22 Q Got it.  
 23 Would you have supervised the  
 24 nursing supervisor?  
 25 A No.

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1 Q Okay. So she -- she or he, would have reported  
2 to --  
3 A Parallel roles.  
4 Q Okay.  
5 A I don't supervise the nursing supervisor.  
6 Q Okay. So the nursing supervisor would report to  
7 Dr. Gable?  
8 A I'm not sure --  
9 MR. RUSSART: Foundation.  
10 THE WITNESS: I'm not sure who the  
11 nursing supervisor reported to.  
12 BY MS. KLEINHAUS:  
13 Q Okay. So besides the nurse practitioners, is  
14 there anyone else that you were responsible for  
15 supervising?  
16 A If there was a physician on staff.  
17 Q And was there ever a physician on staff during the  
18 time you were there?  
19 A I recall one.  
20 Q And what is that person's name, if you recall?  
21 A I don't recall.  
22 Q Okay. Would that physician have been assigned to  
23 the clinic?  
24 A Yes.  
25 Q And would that be to do --

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1 A Medical care.  
2 Q -- medical care --  
3 A Yes.  
4 Q -- at the clinic? Okay.  
5 During the time that you were  
6 working for Armor at Milwaukee County Jail, was  
7 there ever a time that Armor conducted a review of  
8 a particular incident, for example, some serious  
9 medical incident occurred and Armor decided to  
10 conduct a review or investigation of what had  
11 transpired?  
12 A I do not recall any specific review.  
13 Q And when you say that, do you mean you recall some  
14 sort of general review, or...  
15 A I don't actually recall a review.  
16 Q Okay.  
17 A Again, I don't want to mix up with what I'm doing  
18 now with what I did then.  
19 Q Sure. If you don't remember --  
20 A I don't remember.  
21 Q -- you don't remember. Okay.  
22 Were you required to attend any  
23 medical administrative committee meetings?  
24 MR. RUSSART: Could you read the  
25 question back again?

1 (Previous question read back by court reporter.)  
2 MR. RUSSART: Okay. Thank you.  
3 THE WITNESS: What exactly do you mean  
4 by "medical administrative committee meetings"?  
5 BY MS. KLEINHAUS:  
6 Q Maybe I can make it better if I make it -- making  
7 it a little broader.  
8 Were there any meetings that you  
9 were required to attend?  
10 A Yes.  
11 Q Okay. Can you just tell me what they were by  
12 category? And it may be that we don't have to go  
13 into --  
14 A The one I specifically remember on a routine basis  
15 was -- and I don't remember the frequency, but it  
16 was on a regular basis -- was with the provider  
17 staff and the nursing staff.  
18 Q How often would that occur?  
19 A I don't remember the specific periodicity, but it  
20 was a regular basis.  
21 Q Okay. Was any particular person --  
22 A And the jail staff was also there. It was kind of  
23 like a whole staff meeting.  
24 Q Okay. Was there any particular person who would  
25 call those meetings or run those meetings?

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1 A Initially Dr. Gable would do it, and then Rusty  
2 Perry would do it, then I finally took it over.  
3 Q Would there be an agenda for the meeting?  
4 A Yes.  
5 Q And would someone take minutes of the meeting?  
6 A Yes.  
7 Q Was there a particular name for this type of  
8 meeting that you recall?  
9 A I don't remember what we called it, but it was a  
10 regular meeting, and it generally involved  
11 everybody.  
12 Q Okay. Outside of that routine meeting with the  
13 provider staff and the jail staff, were there any  
14 other meetings that you were required to attend?  
15 A I can't recall.  
16 Q During the time that you were employed by Armor at  
17 the jail, were there any deaths of inmates at the  
18 jail that you recall?  
19 A I do not recall any deaths when I was there.  
20 Q Okay. I'll represent to you that there's some  
21 information in plaintiff's complaint related to an  
22 inmate named Kwame Moore, who plaintiff alleges  
23 suffered some intense pain, and ultimately he was  
24 suffering from testicular torsion and had to lose  
25 one testicle as a result of not receiving medical



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1 care.

2 Do you recall any discussion of

3 Mr. Moore's case while you were employed by Armor?

4 A I don't recall a formal meeting. I do recall

5 hearing of the case.

6 Q How did you hear about it?

7 A The next morning when I came in, it was the buzz.

8 Q Okay. So it was like informal conversation?

9 A Pretty much.

10 Q Not like an official review, correct?

11 A Correct.

12 Q Did you have any role in Mr. Moore's care at all?

13 A No.

14 Q You mentioned earlier the national commission on

15 correctional healthcare for -- correctional

16 healthcare, or the acronym we were using before.

17 You know what I mean, right?

18 A Yeah.

19 Q Were you ever part of the process of trying to

20 obtain accreditation for Milwaukee County Jail?

21 A My role in the process of obtaining it was

22 basically doing my job. Armor was the one who was

23 putting that in place.

24 Q Okay. Do you --

25 A So that was kind of up here (gesturing), and I was

1 Q And what are the reasons they would want to get

2 it?

3 MR. RUSSART: Foundation.

4 MR. KNOTT: Object to form.

5 BY MS. KLEINHAUS:

6 Q You can answer.

7 MR. RUSSART: If you know.

8 THE WITNESS: This is an opinion.

9 BY MS. KLEINHAUS:

10 Q Sure.

11 A It's some certifying body that shows you have met

12 a certain standard of care.

13 Q In your experience, was Milwaukee County Jail

14 adequately staffed on the medical side when you

15 worked there?

16 A It would come and go. It is often in corrections

17 a huge issue. You get the staff/you lose the

18 staff, you get the staff/you lose the staff. It's

19 a big turnover. Just when you think everything is

20 going well, you lose staff, and you have to start

21 all over again. Very annoying.

22 Q Sure. Is there a reason for more turnover in that

23 area versus other areas?

24 A Seriously?

25 Q Yes.

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1 more down here (gesturing).

2 Q Right. You had the -- you're in the trenches

3 caring for patients, and they're getting the next

4 credential for the institution --

5 A Right.

6 Q -- is that fair?

7 A Right. They were putting in those other things.

8 Q Do you know what things they did in order to try

9 to qualify for accreditation?

10 A I believe they put in electronic medical record.

11 They were trying to get the staff up to par, get

12 enough staff to properly staff the entire place.

13 Those are the two major things I remember.

14 I know there was many things that

15 they had to meet.

16 Q Okay.

17 A The reason I would be so unfamiliar with it is

18 because the Department of Corrections is not NCCHC

19 certified, nor are we obtaining that. So whatever

20 the details are that involved getting that

21 certification are not at my fingertips.

22 Q Got it.

23 What would be the reason that a

24 facility wouldn't want to get that accreditation?

25 A It's expensive.

1 A It's working in a jail. Very difficult

2 population.

3 Q Were you ever part of creating a staffing plan or

4 staffing matrix at the Milwaukee County Jail?

5 MR. RUSSART: Object to the form.

6 THE WITNESS: No. Not that I can

7 recall.

8 BY MS. KLEINHAUS:

9 Q Do you know whether the Christensen consent decree

10 was any obstacle to accreditation?

11 A An obstacle to accreditation? I think accred- --

12 MR. KNOTT: Form and foundation.

13 Go ahead.

14 THE WITNESS: I think accreditation was

15 more an attempt to help to get out from under the

16 decree, to meet the standards that the decree

17 wanted us to meet, and that was a roadmap to

18 getting there.

19 BY MS. KLEINHAUS:

20 Q Got it.

21 Are you familiar with the criminal

22 charges that have been lodged against Armor?

23 A In a vague way.

24 Q Okay. How are you familiar with it in -- how did

25 you become familiar with it in a vague way?

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1 A People talk, and the newspapers.  
 2 Q Okay.  
 3 A I do live in Milwaukee, after all.  
 4 Q Fair enough.  
 5 MR. RUSSART: Object to the commentary.  
 6 MS. KLEINHAUS: That is not a proper  
 7 objection.  
 8 MR. RUSSART: Neither was your  
 9 statement, if we're going to have this little  
 10 debate on the record.  
 11 MS. KLEINHAUS: Well, you're starting a  
 12 debate with me. I'm just trying to get through  
 13 the testimony.  
 14 This is so inefficient. I don't  
 15 know why you would do this.  
 16 MR. RUSSART: Why I would object to your  
 17 questions?  
 18 MS. KLEINHAUS: You didn't object.  
 19 MR. RUSSART: I just objected to your  
 20 commentary. If you're going to --  
 21 MS. KLEINHAUS: That's not a proper  
 22 objection, and you know that.  
 23 MR. RUSSART: No. It is absolutely a  
 24 proper objection.  
 25 MS. KLEINHAUS: Okay. Well, if you

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1 don't mind, please send me the authority for your  
 2 position that that is an objection that you can  
 3 make.  
 4 MR. RUSSART: Yeah, form. It's a form  
 5 objection.  
 6 MS. KLEINHAUS: Then say "form" --  
 7 MR. RUSSART: I don't have to.  
 8 MS. KLEINHAUS: -- and let me move on.  
 9 I mean, this is ridiculous.  
 10 Let's go off the record.  
 11 (Discussion was held off the record.)  
 12 BY MS. KLEINHAUS:  
 13 Q To your knowledge, is the Milwaukee County Jail  
 14 still under the Christensen consent decree?  
 15 A I have no idea.  
 16 Q Were they under the decree the entire time that  
 17 you were working at the jail?  
 18 A I'm not sure if they had gotten out just toward  
 19 the end or if they were still under it -- the end  
 20 of my employment I meant.  
 21 Q Okay. Which would have been 2015; is that  
 22 right --  
 23 A Again --  
 24 Q -- ish?  
 25 A -- I don't recall exact when I got out.

1 Q What was the reason for leaving your position with  
 2 Armor?  
 3 A I got a better offer.  
 4 Q And what was that?  
 5 A Department of Corrections.  
 6 Q And did you start out with that better offer  
 7 through matrix -- is that right?  
 8 MR. RUSSART: Maxim.  
 9 THE WITNESS: Maxim.  
 10 BY MS. KLEINHAUS:  
 11 Q I'm sorry, Maxim. Did you start out --  
 12 A Actually, no. I actually went online, and I was  
 13 looking for positions, and I saw that. And then  
 14 in order to get me on board quickly -- Department  
 15 of Corrections usually uses Maxim as a temp  
 16 service, and so you start with Maxim as a temp  
 17 service. They try you out, and then they'll offer  
 18 you a position.  
 19 Q So when you saw the position advertised, it was a  
 20 Department of Corrections position?  
 21 A Yeah. For the Wisconsin government.  
 22 Q Okay.  
 23 A State of Wisconsin.  
 24 Q And then you got funneled through the Maxim system  
 25 because that's faster?

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1 A Yes.  
 2 Q Okay. At the time that you left Armor, were you  
 3 required to do any kind of exit interview?  
 4 A No.  
 5 Q And were you required to explain -- actually,  
 6 strike that.  
 7 Were you ever given copies of any  
 8 of Dr. Shansky's reports?  
 9 A No.  
 10 Q And were Dr. Shansky's findings ever discussed at  
 11 the routine meeting that you described?  
 12 A No. Only -- let me take that back.  
 13 Only in as far as what we needed to  
 14 improve, so for staffing issues, we need to  
 15 improve staff or -- that -- in that way. Not  
 16 specific things.  
 17 Q Okay. So -- but you were told some of the  
 18 staffing changes you needed to make were part of  
 19 fulfilling the decree; is that right?  
 20 A Yes.  
 21 Q I want to talk to you about the Armor emergency  
 22 services policy.  
 23 MS. KLEINHAUS: I'm going to mark this  
 24 as Exhibit 2.  
 25 (Exhibit 2 marked for identification.)

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1 (Recess taken from 11:53 a.m. to 12:01 p.m.)  
 2 BY MS. KLEINHAUS:  
 3 Q All right. Dr. Buono, I see during the break you  
 4 took a look at Exhibit 2, which is titled  
 5 "Emergency Services."  
 6 A Mm-hmm.  
 7 Q Have you seen this policy before?  
 8 A No.  
 9 Q Were you given any training by Armor about sending  
 10 people out to the emergency room?  
 11 A Not specifically. It's kind of a passed-down,  
 12 learned thing.  
 13 Q Sure. And when you say that, do you mean -- tell  
 14 me what you mean by that, please.  
 15 A Dr. Gable, when I first came on, gave me the  
 16 verbal.  
 17 The nurses also teach you, and they  
 18 tell you this is what we do when we send people  
 19 out.  
 20 Q Okay. You can put Exhibit 2 to the side.  
 21 I want to turn your attention to  
 22 events of March 2014, involving my client, Rebecca  
 23 Terry.  
 24 Do you have any -- well, strike  
 25 that, please.

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1 Do you have any independent  
 2 recollection of Ms. Terry?  
 3 A What do you mean?  
 4 Q Other than any review of documents you may have  
 5 done to prepare for your deposition, in your own  
 6 memory bank, do you have a memory of this  
 7 incident?  
 8 A Vaguely.  
 9 Q Okay. Tell me what you remember about it.  
 10 A Coming in and hearing this lady delivered in the  
 11 bed at 5:30 in the morning when I got a call  
 12 back -- actually not coming in. Let me rephrase  
 13 that.  
 14 Getting a phone call in the morning  
 15 saying that she had delivered. Coming in the next  
 16 morning and hearing that she had delivered.  
 17 Q Were you surprised to hear that she had delivered  
 18 a baby at the SMU?  
 19 A Oh, yes.  
 20 Q And did you review any documents to prepare for  
 21 your deposition today?  
 22 A I did.  
 23 Q What did you review ahead of time?  
 24 A I reviewed some records that Mr. Russart sent to  
 25 me. It was out of the THER system, the old

1 electronic medical record.  
 2 Q Okay. Related to Ms. Terry, I take it?  
 3 A Yes.  
 4 Q Okay. And so am I correct that if you were  
 5 assigned to work 24 hours a day/seven days a week  
 6 on-call, you would have been on-call the night  
 7 that she -- that Ms. Terry was brought to  
 8 Milwaukee County Jail in March of 2014?  
 9 A Yes. But I am also second call.  
 10 Q Okay. And by that, you mean a nurse practitioner  
 11 would have been called first?  
 12 A First.  
 13 Q Okay. Were you -- strike that.  
 14 I'll represent to you that when  
 15 Ms. Terry first came to booking, she was sent out  
 16 to Froedtert.  
 17 A Yes.  
 18 Q Were you part of the decision to send her out to  
 19 Froedtert?  
 20 A As I reviewed the chart, yes, but it would make  
 21 sense that, yes, I would be part of that decision.  
 22 Q So you -- are you saying you know that from  
 23 reviewing the chart or --  
 24 A No. I have a vague recollection of being involved  
 25 in that.

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1 Q Did someone call you about whether to send her  
 2 out?  
 3 A Yes.  
 4 Q Who called you?  
 5 A I don't recall.  
 6 Q What documents or forms, if any, were you required  
 7 to create if you wanted to send a patient out to  
 8 the emergency room?  
 9 A I don't recall for Armor.  
 10 Q Do you recall if there were forms or documents you  
 11 had to fill out?  
 12 A I don't recall for Armor.  
 13 My recollection of her is that she  
 14 was in intake -- and this is vague -- and the  
 15 nurses had concerns about her, and so I said send  
 16 her out.  
 17 Q What concerns did they have, if you recall?  
 18 A She was a multip. She had multiple pregnancies,  
 19 gravida 13. She had had no prenatal care. She  
 20 was due in about a week. She was an IV heroin  
 21 abuser. She was complaining of a pressure  
 22 sensation.  
 23 Even if she had been complaining of  
 24 nothing, I still would have sent her out.  
 25 Q Okay. And the symptoms that you just described,

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1 do you have an independent recollection of that or  
 2 you're relying on the documents that you reviewed?  
 3 A The only part I have the independent recollection  
 4 of is that she was a multip, heroin abuser,  
 5 pregnant, due.  
 6 The part about the pressure, I  
 7 don't recall. That's from the documents.  
 8 Q Got it. Thank you.  
 9 So -- and when you said you would  
 10 have sent her out anyway, tell me what you mean by  
 11 that, please.  
 12 A For medical clearance before coming into the jail.  
 13 Q And why would you have wanted to get medical  
 14 clearance?  
 15 A Because she was a gravida 13, heroin abuser, no  
 16 prenatal care, due shortly.  
 17 Q Okay. So maybe I misunderstood. So --  
 18 A She was a high-risk patient.  
 19 Q If I understand your distinction you're making, is  
 20 even if she wasn't complaining of a pressure  
 21 sensation, all those other factors would have  
 22 caused you to send her out.  
 23 A Yeah. And the nurses -- if the nurses would have  
 24 called me and told me that, that's what I would  
 25 have done.

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1 Q Okay. Is any form sent with the patient to the  
 2 hospital explaining what they're being sent there  
 3 for?  
 4 A I don't recall for Armor. I don't want to say yes  
 5 or no because I know for DOC we do, but I don't  
 6 recall for Armor.  
 7 Q May have been or may not have been; you just don't  
 8 know?  
 9 A I just don't recall.  
 10 Q Okay. If the nurses on staff that night had  
 11 reached the nurse practitioner first, since you  
 12 were the second call, could the nurse practitioner  
 13 have authorized for her to go out to the hospital?  
 14 A Yes.  
 15 Q So you were making the call because they must not  
 16 have gotten through to that person; is that fair  
 17 to say?  
 18 MR. RUSSART: Object to the form,  
 19 foundation.  
 20 THE WITNESS: It could be.  
 21 BY MS. KLEINHAUS:  
 22 Q Okay.  
 23 A It could be, or they could have skipped her  
 24 because they thought they wanted to talk to me.  
 25 Q Got it.

1 And they had the discretion to  
 2 decide that they considered something serious  
 3 enough they wanted to talk to you; is that what  
 4 you mean?  
 5 A Yes.  
 6 Q Got it.  
 7 When patients come back from the  
 8 emergency department, is there any form they're  
 9 supposed to bring back with them to the jail?  
 10 A I don't recall a form, but I usually ask for the  
 11 dictated physician's note.  
 12 Again, at the DOC we do have one,  
 13 but I don't want to confuse Armor's and the  
 14 DOC's --  
 15 Q Sure.  
 16 A -- forms.  
 17 Q Sure. And in your field is it customary that the  
 18 physicians at the hospital know to send back the  
 19 dictated physician's note to the jail?  
 20 A No. And this was a huge issue I had with almost  
 21 every provider in this area.  
 22 Q Tell me what that issue was. Can you explain it?  
 23 A And it's still a common issue.  
 24 We send patients out to the  
 25 emergency room through the jail, and they don't

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1 send us back actual information. What they send  
 2 us back is the patient care information, like when  
 3 you go to the ER or the urgent care and they give  
 4 you that --  
 5 Q Like a sheet that says put ice on it or something?  
 6 A Yeah, yeah, or follow-up with your doctor or come  
 7 back if this gets worse or blah, blah, blah. But  
 8 that doesn't tell me anything medically.  
 9 And so I have encountered that  
 10 problem multiple times with multiple cases and  
 11 still do.  
 12 And just so you know, we do have a  
 13 form in the DOC which goes in an envelope to the  
 14 provider, and the physician still doesn't fill it  
 15 out and will come back to me blank.  
 16 Q I would empathize, but I'm sure I'll catch an  
 17 objection, so...  
 18 When you had people who were sent  
 19 out to the emergency department and they came back  
 20 with just those patient care sheets without any  
 21 actual medical information from the physician that  
 22 they saw, would they then be admitted to the jail  
 23 while you waited on that medical information?  
 24 MR. RUSSART: Object to the form.  
 25 MR. KNOTT: Vague, overly broad, form.

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1 MR. RUSSART: Join.  
 2 BY MS. KLEINHAUS:  
 3 Q Go ahead.  
 4 A Okay. So, yes, they would be because I really  
 5 don't have the right to turn them away.  
 6 I have -- when I first was working  
 7 there, I would send the patient back and forth,  
 8 but actually what would end up happening is that  
 9 when the patient was, you know, being transported  
 10 back and forth, that's not necessarily good for  
 11 the patient. So rather than getting into a  
 12 pissing contest over paperwork -- I still have to  
 13 take that patient. I have no authority to release  
 14 an inmate.  
 15 So, yes, we would take them back,  
 16 and then oftentimes we'd be on the phone the next  
 17 morning demanding the paperwork or asking the  
 18 nurses to get the paperwork so I had some idea of  
 19 what went on. I'm assuming, since you were  
 20 cleared by the emergency room and sent back, that  
 21 you have been cleared by the emergency room. If  
 22 you had not been cleared, you would have been  
 23 admitted. If you're not admitted, I have to take  
 24 you back, with paperwork or without paperwork.  
 25 Q I see.

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1 A My job, though, is to hunt down that paperwork.  
 2 Q Was this problem something you ever discussed with  
 3 Dr. Gable?  
 4 A I have discussed it with everybody.  
 5 Q During the time that you worked at Armor in the  
 6 Milwaukee County Jail, did you ever see any  
 7 improvement in solving that problem?  
 8 A It would improve and then get worse and improve  
 9 and get worse.  
 10 We had actually had a meeting, I  
 11 think with Aurora, though, about the paperwork.  
 12 We had also had a meeting with someone from the ER  
 13 at Froedtert to make them understand what the SMU  
 14 is and where they are sending a patient back to.  
 15 We actually had them come into the SMU, and I  
 16 showed them, this is the SMU. You're thinking  
 17 that we have a hospital in here. We don't. This  
 18 is a jail, not a hospital.  
 19 Q Around when in your time at Armor did you have the  
 20 Froedtert folks come for the on-site visit?  
 21 A I don't recall exactly but it was before this  
 22 case.  
 23 Q Before this incident with Ms. Terry?  
 24 A Yes.  
 25 Q Okay.

1 A And I have, on behalf of many patients, gotten on  
 2 the phone with the medical provider and said,  
 3 "Okay. What's going on?"  
 4 Q When patients would come back without the proper  
 5 medical documentation, did you ever issue any  
 6 orders on rounding because of that, for example,  
 7 we don't know anything about why this person was  
 8 cleared, the medical staff should check on this  
 9 person more frequently till we know what's going  
 10 on, something like that?  
 11 MR. RUSSART: Object to the form of the  
 12 question.  
 13 MR. KNOTT: Join.  
 14 THE WITNESS: I'm not sure what you're  
 15 asking me.  
 16 BY MS. KLEINHAUS:  
 17 Q Yeah. Let me see if I can make it better.  
 18 A I mean, I instructed staff to get the paperwork.  
 19 Q Right. You would instruct the --  
 20 A Is that your question?  
 21 Q -- staff to get the paperwork.  
 22 If I'm understanding correctly, the  
 23 hunt for the paperwork could take some time.  
 24 During that period of time of hunting down the  
 25 paperwork, were there ever medical orders given to

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1 increase observation because we don't have all the  
 2 information that we need?  
 3 A I don't recall a specific order.  
 4 Q Were you adequately staffed at the jail to be able  
 5 to order additional observation if you wanted to?  
 6 A I don't recall. However, I will tell you that she  
 7 was put in the special medical unit, as were other  
 8 patients. The special medical unit is on the same  
 9 floor as the nursing station. So they were very  
 10 close. There's a guard there all the time, as  
 11 opposed to being up in the tiers where you really  
 12 didn't have enough contact.  
 13 Q So from a medical perspective, the SMU was the  
 14 highest level of observation, as compared to the  
 15 housing pods. It was --  
 16 A Yes. It was --  
 17 Q -- a higher level of observation?  
 18 A -- a much higher level than the housing pod.  
 19 Housing pod would -- no one's going  
 20 to come knocking on your door.  
 21 Q Right. And your expectation was that the officer  
 22 assigned to the SMU was knocking on doors or  
 23 checking in some fashion?  
 24 A I don't know what his --  
 25 MR. KNOTT: Object. Form foundation.



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1 THE WITNESS: Yeah, I don't know what  
2 his rounding is. I know they have rounds, but I  
3 don't know what the format is.  
4 BY MS. KLEINHAUS:  
5 Q Okay. And the medical station you described, is  
6 that the same as the clinic across the hall from  
7 the SMU?  
8 A No. Here's the medical station. The SMU is  
9 sitting in -- oh, you mean the nurses' station or  
10 the station where the guard is sitting?  
11 Q Maybe I misunderstood.  
12 I thought you were saying that --  
13 A No. Here's --  
14 Q -- the SMU has a nurse --  
15 A -- the SMU -- here's the SMU. It's a locked unit.  
16 There's a guard in the unit. If you walk right  
17 down the hall and go out the locked door, the  
18 nurses' station is here with the exam and clinic  
19 rooms. So the nurses' station is literally not  
20 even a minute away from the SMU.  
21 Q Okay. Was it your understanding that there was a  
22 nurse assigned, even if it wasn't her exclusive  
23 assignment, but there was a nurse assigned to the  
24 SMU every shift?  
25 MR. KNOTT: Object to form.

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1 THE WITNESS: I am not certain. I  
2 believe so, but again, I don't want to confuse  
3 that with my current policies.  
4 MS. KLEINHAUS: Okay.  
5 MR. KNOTT: So I would add an objection  
6 on foundation based on the answer.  
7 BY MS. KLEINHAUS:  
8 Q When you were on call all the time that you  
9 weren't on vacation, was that like a pager, or  
10 would they call a cell phone? How did that work?  
11 A I had them call my cell phone.  
12 Q Okay. I'm going to show you what we'll mark as  
13 Exhibit 3.  
14 MS. KLEINHAUS: And, Doug, if you have  
15 the documents on your machine, I can give you the  
16 Bates number, or you can take a look at this copy  
17 first.  
18 (Exhibit 3 marked for identification.)  
19 BY MS. KLEINHAUS:  
20 Q Dr. Buono, are you familiar with this document?  
21 A Yes.  
22 Q And is this one of the ones that you reviewed  
23 before your deposition today?  
24 A Yes.  
25 Q Okay. Look with me, please, on the page that's

1 marked ARMOR 20. If you go about two-thirds of  
2 the way down, it's -- well, strike that.  
3 On the page marked ARMOR 20, it's  
4 marked at the top as "3/10/2014."  
5 A Yes.  
6 Q And if you go two-thirds of the way down, it  
7 notes -- I believe these notes are made by  
8 Margaret Hoover. And it says, "Dr. Buono notified  
9 at 4:55. Message left."  
10 Do you see that part?  
11 A Yes.  
12 Q Do you recall if that was the message you got that  
13 Ms. Terry had delivered?  
14 A I don't recall.  
15 Q Okay.  
16 A I'm assuming it is because --  
17 Q Sure.  
18 A -- that's what it says.  
19 Q Turn with me, please, to ARMOR 21. And I'll  
20 represent to you I believe this is a note by  
21 Nurse Exum.  
22 And on 21 there's a section  
23 about -- right towards the top, called  
24 "Objective." Do you see that part?  
25 A Yes.

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1 Q It says: "Writer called Dr. Buono at 1:15 a.m.  
2 and informed of return from hospital with no new  
3 orders."  
4 Am I correct -- is your  
5 understanding this means the patient came back and  
6 that the hospital didn't include any new orders?  
7 A Correct.  
8 Q And then the next portion says: "Dr. Buono asked  
9 writer to call FMLH and ask for an official  
10 discharge summary, one that has information with  
11 what was done with the patient at the hospital."  
12 A Yes.  
13 Q And is that consistent with the problem you were  
14 just describing --  
15 A Oh, yes.  
16 Q -- where the patients come back and you don't have  
17 the necessary information?  
18 A Yes.  
19 Q Okay. Look a little farther down under "Plan."  
20 It describes information that Nurse Exum obtained  
21 by phone from a nurse at Froedtert.  
22 A Mm-hmm.  
23 Q After you've had a chance to review that to  
24 yourself, do you know if you were ever given that  
25 information by Nurse Exum?

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1 A I don't recall at this point, but if she called  
2 me -- and this is my standard thing: Get the  
3 notes for the patient, what happened. And the  
4 reason I want the notes is because I want to make  
5 sure that the doctor looked at the things that he  
6 should have looked at.

7 So one of the things that would  
8 have been done on the physical was did the doctor  
9 check her cervix. If her cervix was wide and  
10 dilated, why didn't he keep her?

11 Now, she comes back. She says no  
12 contractions, if you noticed on the first page, on  
13 the top here.

14 Okay. So patient comes back, no  
15 contractions. So she is not in labor at present.  
16 She was seen by L&D. I'm assuming that they did  
17 what they're supposed to do, which is you put your  
18 fingers in there and you check the cervical os to  
19 see if it's open. If it was open, then I would  
20 have argued, send her back.

21 Q Is it fair to say you never -- never did find out  
22 to what degree she was experiencing contractions  
23 or to what degree she -- strike that. That's a  
24 compound question. I'll do it better.

25 Were you ever informed by Froedtert

1 needed to stay, just on the basis of having 13  
2 pregnancies.

3 Q Let me make sure I --

4 A So here's the history that an L&D doctor would  
5 have gotten --

6 Q Sure. I understand the patient history. I think  
7 I'm just trying to understand, you never actually  
8 found out why they sent her back, correct?

9 A They sent her back because she cleared. She  
10 wasn't in labor.

11 Q How do you know that?

12 A Patient has no contractions. She was seen in the  
13 labor and delivery suite. Evaluated by the  
14 OB/GYN, and told, "You're not in labor. Come back  
15 when you're in labor."

16 Q Okay. I follow your logic. I want to make sure I  
17 understand.

18 You're making the assumption if  
19 she's at the jail and the jail record says she  
20 denies contractions that --

21 A No. The nurse called me and said, "They sent her  
22 back. They said" -- and I remember this -- "She  
23 is not in labor. Come back when you're in  
24 labor."

25 Q Okay.

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1 how dilated she was during that visit?

2 A I had no notes at all from Froedtert. The only  
3 thing we had from Froedtert was the goofy  
4 paperwork that they sent back.

5 Q Did you ever, at any point, subsequent to this  
6 time period we're talking about here in this  
7 document, find out how dilated she was at  
8 Froedtert?

9 A I never saw any other paperwork after this.

10 Q Okay.

11 A I never even saw this paperwork.

12 Q Okay. And fair to say you were also never  
13 informed by Froedtert of any contractions or  
14 pressure that she experienced at Froedtert,  
15 correct?

16 A Nothing.

17 Q Okay.

18 A I'm assuming, since they sent her back -- again,  
19 we sent her for an evaluation at the L&D.

20 Q Labor and delivery?

21 A Right. And the labor and delivery person said  
22 she's not in labor. And I would assume that the  
23 provider there asked her how pregnant were you or  
24 how many times have you been pregnant -- and she's  
25 a gravida 13, and didn't feel that this person

1 A I said, "Get the notes."

2 Q I see.

3 A Because I wanted to make sure that the evaluation  
4 that was done was appropriate.

5 Q Okay. Now I get it.

6 Do you know the source of the  
7 nurse's comment, "She's not in labor," the source  
8 of that information? I don't mean in the  
9 document. I just mean how did she know that she  
10 wasn't or she was?

11 A I don't know the source of her information.

12 Q Okay. All right. You can put **Exhibit 3** to the  
13 side.

14 Was it your decision that Ms. Terry  
15 should go to the SMU versus the regular housing  
16 pod?

17 A I don't recall. I would have done that. That  
18 would be logical for me to do. However, we also  
19 have protocols, because she is so many -- so many  
20 weeks pregnant, and I don't remember if it was my  
21 order, because I don't have my orders, or if that  
22 was the protocol for her to go to the SMU.

23 Q Okay. It could have been either one of those?

24 A It could have been either one of those. But I'm  
25 meticulous enough that I would have said, no, keep



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1 her there and keep an eye on her.  
 2 Q Got it.  
 3 Did you have any role in deciding  
 4 to put her in the isolation unit in the SMU versus  
 5 a non-isolation cell?  
 6 A No.  
 7 Q Would there be any reason that you would order  
 8 someone in their third trimester to be in an  
 9 isolation unit?  
 10 A Absolutely not, unless they had some horrible  
 11 infectious disease.  
 12 Q Okay.  
 13 A But in that case they would be in the hospital.  
 14 Q Right.  
 15 What is the purpose of the  
 16 isolation units in the SMU?  
 17 A Years ago --  
 18 MR. KNOTT: Object. Vague, overly  
 19 broad.  
 20 MR. RUSSART: Foundation.  
 21 MR. KNOTT: Join.  
 22 BY MS. KLEINHAUS:  
 23 Q Go ahead.  
 24 A Okay. Basically, if you have somebody who has an  
 25 infectious disease that could be communicable.

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1 Mostly tuberculosis would be the main one.  
 2 Q I see. So the idea was to separate that patient  
 3 to prevent spread of a disease?  
 4 A Correct.  
 5 Q So I think we've discussed already that you were  
 6 left a message sometime in the morning hours of  
 7 March 10th about Ms. Terry. And then you would  
 8 have called back to the staff, the healthcare  
 9 staff, at the jail, correct?  
 10 A I may have. I don't recall.  
 11 Q Okay.  
 12 A It's not documented.  
 13 Q Okay.  
 14 A And I got hundreds of phone calls in my tenure.  
 15 Q Sure. So you have no recollection of any  
 16 additional -- I'm sorry. Strike that, please.  
 17 So there's the conversation that  
 18 you have where you say, yeah, send her out, and  
 19 then there's the message left for you --  
 20 A Three hours later that she had delivered.  
 21 Q Okay. And I suppose there's one in between that,  
 22 that she's back from the hospital and she doesn't  
 23 have any papers.  
 24 A Yes.  
 25 Q So there's a total of three communications, the

1 third of which is just a --  
 2 A Yes. And, now, I don't see --  
 3 Q -- message.  
 4 A Where's the order that I said -- where is the  
 5 order that said I sent her out? I don't recall  
 6 that. I'm assuming I did, but it says here,  
 7 "Writer called Dr. Buono and informed of return of  
 8 patient."  
 9 Do you have one that says I --  
 10 Q I will --  
 11 A -- that they asked me to send it out?  
 12 Q I will check and see if I have anything.  
 13 A I'm assuming I sent her out, but I may not have.  
 14 I may have just gotten the call that she came  
 15 back.  
 16 Q I see. Okay. Well, fair enough.  
 17 It may have been you; it may have  
 18 been the nurse practitioner. Someone sent her  
 19 out.  
 20 A Right.  
 21 Q Okay. So that means we're sure of two  
 22 communications: One is she's back from the  
 23 hospital, she doesn't have any papers, and the  
 24 second is a message saying she delivered.  
 25 MR. RUSSART: Object to the form of the

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1 question.  
 2 BY MS. KLEINHAUS:  
 3 Q You can go ahead.  
 4 A Yes.  
 5 Q Okay. Do you remember any other communications  
 6 during that nighttime period about her?  
 7 A No.  
 8 Q Okay. Did you have discussions about this  
 9 incident subsequent to that, you know, like the  
 10 next day or the next few weeks?  
 11 A No. Not that I can recall.  
 12 Q Was there ever any kind of debriefing of the  
 13 incident --  
 14 A Not that I can recall.  
 15 Q Okay. I'm going to show you what we'll mark as  
 16 **Exhibit 4**.  
 17 MS. KLEINHAUS: And this is ARMOR 10.  
 18 And if you want to take a look,  
 19 Doug, I'll pass you my copy.  
 20 **(Exhibit 4** marked for identification.)  
 21 BY MS. KLEINHAUS:  
 22 Q Have you had a chance to familiarize yourself with  
 23 this?  
 24 A I have now.  
 25 Q Great. So this appears to be a medical record

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1 from a few days --

2 A After.

3 Q -- after the delivery, March 14th of 2014.

4 Am I reading this right, that you

5 would have seen Ms. Terry -- or I'm sorry. Strike

6 that, please.

7 Does this represent that you

8 actually --

9 A Reviewed the --

10 Q -- met with her --

11 A No.

12 Q -- or you reviewed the chart?

13 A Reviewed the chart.

14 Q Okay. What would be the reason for reviewing the

15 chart?

16 A To review whether or not she needs to go to

17 general population for her placement.

18 Q I see. So to decide when she comes back from the

19 hospital where is she going; is that right?

20 A Yes.

21 Q Okay. Under the -- in the SOAP note under

22 "Subjective," you have: "She was placed in the

23 SMU for obs s/p."

24 A Yeah.

25 Q Can you tell me what that means?

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1 A In English. I'll tell you in English.

2 Q Thank you. Please.

3 A "She was placed in SMU for obs status/post a

4 precipitous [sic] delivery into the bed."

5 Q I see.

6 A This is after she delivered.

7 Q Okay.

8 A I think I have a typo here.

9 "She had opiate addiction. She

10 went through withdrawal at the hospital. She was

11 placed on a clonidine patch. Was also given

12 Ativan for anxiety. She is currently out to

13 court," which means she's not available to

14 evaluate, physically put my hands on her. "The

15 nurse reports no problems with her currently."

16 She had some vital signs done that

17 morning. Status, patient -- "Assessment" was

18 "Patient status/post precipitous [sic] delivery.

19 History of opiate abuse."

20 "Plan: DC to general population" --

21 MR. RUSSART: Slow down a little bit --

22 THE WITNESS: Sorry.

23 MR. RUSSART: -- if you would. Thanks.

24 THE WITNESS: -- "d/c clonidine patch;

25 put on opiate and benzo withdrawal protocol"

1 "monitor; infirmity protocol for withdrawal; d/c

2 Ativan" -- "d/c" means to stop -- "follow up with

3 healthcare provider" -- "women's health provider

4 on 3/17."

5 Q Okay. Am I understanding correctly in the note

6 that the clonidine patch and the Ativan were

7 prescribed at the hospital and it's being

8 discontinued at the SMU?

9 A Yes.

10 Q Okay. Do you know what the clonidine patch was

11 prescribed for?

12 A It's for D -- it's for withdrawal, opiate

13 withdrawal.

14 Q Okay. In your note you use the term "precipitous

15 [sic] delivery."

16 A What does that mean?

17 Q Well, were you -- yeah -- well, first of all, were

18 you intending to use it with a specific medical

19 meaning?

20 A Yes.

21 Q Okay. And what was the medical meaning you wanted

22 to assign?

23 A The medical meaning of a "precipitous delivery" is

24 one that was unexpected and very rapid.

25 Q And was your determination that it was -- well,

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1 strike that, please.

2 At the point that you made these

3 notes, you hadn't seen anything from Froedtert or

4 from Aurora about her care outside of the SMU,

5 correct?

6 A I couldn't say that. I mean, if I'm writing this

7 note, I reviewed her chart, which means I probably

8 did have some paperwork for her at that point.

9 Q Okay. Would you have known at the time that you

10 made this note how many hours she was in labor

11 before she delivered?

12 MR. RUSSART: Object to the form of the

13 question.

14 THE WITNESS: I'm not sure what you're

15 asking me.

16 MR. KNOTT: Object to form.

17 BY MS. KLEINHAUS:

18 Q My understanding, when you say it was an

19 unexpected and very rapid delivery, is that

20 there's some evaluation of how fast or slow it

21 was. And my question is whether at the time that

22 you characterized it as a "precipitous delivery,"

23 if you knew how long the labor had taken.

24 A It was under three hours because she was evaluated

25 in the emergency room and labor and delivery at

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1 Froedtert and delivered in a period of three hours  
 2 into the bed.  
 3 Q And that, again, is based on whatever information  
 4 the nurse had --  
 5 A Yes.  
 6 Q -- about her status coming back?  
 7 A Right. And also if she had been in labor in the  
 8 hospital, they would have kept her.  
 9 Q Okay. So it kind of -- it goes back to the  
 10 subjects we covered before: We don't know the  
 11 specific source of the nurse's information, but  
 12 your assumption is they would have kept her if she  
 13 was in labor?  
 14 A If she was in active labor, which means a certain  
 15 number of contractions per period of time -- and I  
 16 think it's -- what is it, one contraction every  
 17 two minutes?  
 18 Q You believe they would have kept her?  
 19 A Then they would have kept her.  
 20 When she came back, she was also  
 21 not complaining of contractions.  
 22 Q According to the nurse's note, right.  
 23 A Well, the nurse asked the patient. Subjective.  
 24 At present, patient was complaining of some  
 25 pressure at the bottom. She denied contractions

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1 at present.  
 2 Q Got it.  
 3 A Okay. So that came directly from the patient,  
 4 which means at the time she came back, she wasn't  
 5 having contractions every two minutes, which would  
 6 have been active labor. And then, in a period of  
 7 three hours, delivered a baby.  
 8 Q Okay.  
 9 A That is considered precipitous.  
 10 Q Okay. I'm going to show you what we'll mark as  
 11 Exhibit 5.  
 12 A Can I just check my phone for a second?  
 13 MS. KLEINHAUS: Oh, sure. Let's go off  
 14 the record for a second.  
 15 (Exhibit 5 marked for identification.)  
 16 (Discussion was held off the record.)  
 17 BY MS. KLEINHAUS:  
 18 Q Have you had a chance to review Exhibit 5?  
 19 A Mm-hmm.  
 20 Q Okay. If I'm reading it correctly, I believe it  
 21 documents a visit that Dr. Boyd Organ had with  
 22 Ms. Terry.  
 23 Is that how you read it?  
 24 A You mean this is Dr. Organ's note?  
 25 Q I believe so.

1 A Okay. Mm-hmm.  
 2 Q Can you -- first of all, hopefully a simple  
 3 question: Can you tell me what Dr. Boyd Organ's  
 4 role was at the jail?  
 5 A She was an OB doctor who came to the jail to do  
 6 women's health.  
 7 Q Was she --  
 8 A She's an OB doc.  
 9 Q Got it. Not employed by Armor but an outside  
 10 specialist coming in. Is that fair to say?  
 11 A Yeah. In the -- I'm not sure how she was paid or  
 12 who she was subcontracted with, when you said not  
 13 "employed by Armor."  
 14 Q Sure. She may have been a subcontractor. So  
 15 maybe my question was unclear.  
 16 At any rate, no matter what her  
 17 employment status was, I wanted to turn, please,  
 18 to the page that's marked "ARMOR 6" at the bottom.  
 19 A ARMOR 6.  
 20 Q About halfway down that page there's a section  
 21 called "Plan." Do you see that?  
 22 A Mm-hmm.  
 23 Q And it says: "I discussed patient concerns with  
 24 Dr. Buono and Gable regarding emergency delivery  
 25 in jail." Do you see that part?

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1 A Yep.  
 2 Q Do you recall having a conversation with Dr. Organ  
 3 about the emergency delivery and the patient's  
 4 concerns?  
 5 A No.  
 6 Q Okay. So fair to say, you don't know what those  
 7 concerns were; is that right?  
 8 A That would be fair.  
 9 Q Okey-dokey. You can put that to the side.  
 10 MS. KLEINHAUS: Okay. I think I'm about  
 11 through. I want to go off the record for two  
 12 minutes and check my notes and then I think I'm  
 13 done.  
 14 MR. RUSSART: Okay. Let's take a break,  
 15 and I may have some questions.  
 16 (Recess taken from 12:42 p.m. to 12:47 p.m.)  
 17 BY MS. KLEINHAUS:  
 18 Q Just a couple other questions for you.  
 19 Is it fair to say you never had any  
 20 discussion about whether any of the nursing staff  
 21 could have or should have done anything to prevent  
 22 Ms. Terry from giving birth alone in the isolation  
 23 unit?  
 24 A I had no discussion with them. I did not feel,  
 25 and even today I don't feel, that that really was

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1 their fault.

2 Q Sorry. Is your answer complete or --

3 A No. I'm going to add something else.

4 Q Go ahead.

5 A You know, having a baby is a difficult thing, and

6 it occurs all over the world, and it occurs in all

7 kinds of situations, and it's one of the most

8 unpredictable things, especially when someone

9 who's had so many pregnancies. So women have

10 given birth in fields. They've given birth in

11 cars. They've given birth in toilets. In the

12 most unexpected ways.

13 I don't think it could have been

14 predicted that this would have happened. If the

15 labor and delivery specialist didn't think that

16 this person was in labor, I think it was

17 reasonable to assume then that it was unlikely she

18 was going to suddenly deliver. But it's possible.

19 Just like, you know, you have a

20 stress test, you pass the stress test, you walk

21 off the treadmill, and you drop dead.

22 Q The opinion that you're providing about the number

23 of pregnancies, would that be at all different if

24 you knew that ten of those are spontaneous

25 miscarriages; in other words, perhaps three

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1 previous deliveries, not 13.

2 Does that change your opinion at

3 all?

4 A Three is still -- you know, some women will give

5 birth after the first one very quickly the second

6 time. After three -- again, very quickly after

7 the third one.

8 Q So if I understand you correctly, you're saying

9 it's --

10 A It's an unpredictable thing. It's different for

11 each woman. Some women will labor for hours and

12 hours and some women will not.

13 Q But everyone labors for some period of time before

14 they --

15 A Not necessarily.

16 Q -- pop out a baby.

17 A Very quickly. It can happen very, very quickly.

18 Minutes.

19 If the cervix is used to dilating,

20 it dilates quickly. I am not an expert in the

21 field, but that's just from experience.

22 Q Okay. Do you believe that there's anything that

23 any correctional staff could have done to prevent

24 her from giving birth by herself in a jail cell --

25 MR. KNOTT: Form.

1 MS. KLEINHAUS: And I'm sorry --

2 MR. KNOTT: Form, foundation.

3 MS. KLEINHAUS: I'll fix it.

4 BY MS. KLEINHAUS:

5 Q Do you believe there's anything that any

6 correctional staff could have done to prevent her

7 from giving birth in the isolation unit?

8 MR. KNOTT: Well, form, foundation.

9 BY MS. KLEINHAUS:

10 Q Go ahead.

11 A I can't answer that question.

12 Q You don't know?

13 A I don't know.

14 Q Okay.

15 MS. KLEINHAUS: I think that's all I

16 have.

17 THE WITNESS: I do have a comment,

18 though.

19 MR. RUSSART: No. I have one question

20 for you.

21 Do you want to go?

22 MR. KNOTT: I have just a couple

23 questions.

24 MR. RUSSART: Okay. Go ahead.

25 EXAMINATION

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1 BY MR. KNOTT:

2 Q Doctor, I introduced myself. I'm Doug Knott. I

3 represent the Milwaukee County defendants.

4 You understand that?

5 A Okay.

6 Q Yes. I'm just -- I introduced myself before the

7 deposition.

8 First of all, just -- a consent

9 decree, as you understand it, was a voluntary

10 settlement and a commitment by the county to meet

11 certain standards; is that correct?

12 A Correct.

13 Q And the NCCHC accreditation process was a

14 mechanism to meet those standards, true?

15 A Correct.

16 Q And while you were medical director of the

17 Milwaukee County Jail, in your opinion, did the

18 county, in good faith, strive to meet NCCHC

19 accreditation?

20 A Yes.

21 Q Briefly, the concern about lack of documentation

22 when an inmate comes back from a hospital, that

23 was not your preference that they come back

24 without documentation, true?

25 A Explain that, please.



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1 Q I think I'm saying something that's obvious.  
 2 It was not your preference, as  
 3 medical director, that inmates sent to a hospital  
 4 come back to the jail without appropriate  
 5 documentation. Is that a fair statement? That  
 6 would not be what you would want to have happen?

7 A Absolutely.

8 Q That is a fair statement?

9 A It is a fair statement that I would prefer the  
 10 patient to always come back with the information  
 11 from the evaluation I sent them out to get.

12 Q And you felt, as medical director, that the jail  
 13 was not in a position of rejecting those patients  
 14 if they did not have adequate documentation?

15 A We absolutely could not reject them.

16 Q Okay. So it was not a policy of the jail to  
 17 willingly accept people without documentation.  
 18 That was not their policy. That was not their  
 19 preference, true?

20 A I do not know --

21 MS. KLEINHAUS: Object to the form.

22 Go ahead.

23 THE WITNESS: I do not know if it is a  
 24 policy or not of the jail. I know that, medically  
 25 speaking, it is prudent to get the information in

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1 order to continue to care for the patient.

2 However, you cannot -- as far as I  
 3 understood it, I could not not accept a patient  
 4 back into the jail, and it would sometimes be to  
 5 the patient's detriment to play ping pong with  
 6 them sending them back to the hospital, because  
 7 the hospital did not have to accept the patient at  
 8 all. They would end up -- I had had this on  
 9 multiple occasions where I sent them back to the  
 10 hospital, and they sent them back again.

11 And so I have an uncomfortable  
 12 patient, and I have some security people, who are  
 13 not medical people, who are then put in the  
 14 position of having to monitor a patient,  
 15 basically, as they're transported back and forth.

16 BY MR. KNOTT:

17 Q So that --

18 A It's not in the best interest of the patient to  
 19 play ping pong with them.

20 Q And so the decision was made, in the best interest  
 21 of the patient, to admit them to the jail?

22 A To take them back to the jail. They had been  
 23 cleared. That individual then could be monitored  
 24 correctly, and we can get the paperwork.

25 And that paperwork would

1 sometimes -- because, remember, on the other side,  
 2 the provider on the other side is now seeing  
 3 multiple patients, doing multiple dictations, so  
 4 it may take a little bit of a lag time, but I  
 5 still could not, in good faith, leave this patient  
 6 in a car going back and forth.

7 Q That would be a frustrating situation for you as  
 8 the medical director.

9 A Very much so.

10 MR. KNOTT: All right. That's it.

11 Thank you.

12 MR. RUSSART: Just a follow-up on the  
 13 questions that Mr. Knott had.

14 EXAMINATION

15 BY MR. RUSSART:

16 Q What steps were taken to ensure patient safety and  
 17 good patient care when a patient came back to the  
 18 jail without the proper paperwork?

19 A They would -- well, I would request the nursing  
 20 staff to get the paperwork, or if I was there, I  
 21 would call for that paperwork, and then we would  
 22 put them in a place, basically, where we could  
 23 monitor them better, if it was something that was  
 24 very concerning to me.

25 Q Was there ever a circumstance where you would try

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1 to get an oral report about what happened at the  
 2 jail -- I mean, at the hospital?

3 A Yes.

4 Q Okay. Explain how that would happen.

5 A Usually nursing would call and actually talk to  
 6 someone, or if I'm on that -- if I'm there that  
 7 day, I would also call and actually get a report.

8 Q I want to point to you on **Exhibit 3**, on ARMOR 21,  
 9 is there any evidence on this exhibit that there  
 10 was an oral report obtained about Ms. Terry?

11 MS. KLEINHAUS: Objection to form.

12 MR. RUSSART: What's wrong with the form  
 13 so I can correct it?

14 MS. KLEINHAUS: The document speaks for  
 15 itself.

16 MR. RUSSART: Oh. Okay.

17 BY MR. RUSSART:

18 Q Go ahead.

19 A Do I answer the question?

20 Q Yes.

21 A Okay. "The writer placed a call to Froedtert and  
 22 was transferred to ED and to L&D. Writer spoke  
 23 with nurse and asked if we could get a discharge  
 24 paper that listed what was done. Writer was  
 25 informed that they thought patient was there to

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rule out labor, not because of heroin abuse.  
 Writer was informed that she was going to be" --  
 going to page the doctor."

So the nurse spoke to the nurse in  
 the L&D.

Q Okay.

A So she attempted to reach him.

Q All right. And then earlier in the deposition you  
 were asked a question about whether you were  
 surprised that Ms. Terry delivered in the SMU, and  
 I believe your answer was, "oh, yes." Do you  
 remember that?

A Oh, yes.

Q You were never asked why you had the reaction of  
 why you were surprised.

Can you tell me why you were  
 surprised?

A It was unexpected. She went to L&D. She was  
 evaluated in OB at Froedtert. They sent her back,  
 I'm assuming stable. That's why they sent her  
 back. She delivered in the bed.

There was no other evaluation.  
 Nothing happened in the interim. She came back  
 stable. Delivered in the bed.

MR. RUSSART: Okay. That's all.

STATE OF WISCONSIN )  
 ) SS:  
 MILWAUKEE COUNTY )

I, Kealoha A. Schupp, RPR and  
 Notary Public in and for the State of Wisconsin,  
 do hereby certify that the preceding deposition  
 was recorded by me and reduced to writing under my  
 personal direction.

I further certify that said  
 deposition was taken at HINSHAW & CULBERTSON, LLP,  
 100 East Wisconsin Avenue, Suite 2600, Milwaukee,  
 Wisconsin, on the 25th day of April, 2018,  
 commencing at 10:45 a.m.

I further certify that I am not a  
 relative or employee or attorney or counsel of any  
 of the parties, or a relative or employee of such  
 attorney or counsel, or financially interested  
 directly or indirectly in this action.

In witness whereof, I have hereunto  
 set my hand and affixed my seal of office on this  
 2nd day of May, 2018.

\_\_\_\_\_  
 Kealoha A. Schupp, RPR  
 Notary Public

My commission expires January 19th, 2020.

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THE WITNESS: Pretty -- pretty shocking  
 to me.

MS. KLEINHAUS: Okay. Thanks very much.  
 It was nice meeting you.

\* \* \* \*

(Deposition concluded at 12:57 p.m.)  
 (Original exhibits retained by court reporter and  
 attached to original transcript. Copies provided  
 with additional transcripts.)

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